

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 MAY 15 AM 7:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *NA0000001953*

1. Corporation Name
Celebrate His Calling, Inc.

Principal Place of Business: *2893 S. Osceola Ave., E-7 Orlando, FL. 32806 U.S.A.*
Mailing Address: *P.O. Box 568324 Orlando, FL. 32856-8324 U.S.A.*

3. Date Incorporated or Qualified: *April 8, 1996*
3a. Date of Last Report: *April 21, 1997*
4. FEI Number: *FIN# 59-3440303*
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: *Same as above*
2a. Mailing Address: *same as above*
22. Suite, Apt. #, etc.: *" " "*
27. Suite, Apt. #, etc.: *" " "*
23. City & State: *" " "*
28. City & State: *" " "*
24. Zip: *"* 25. Country: *"*
29. Zip: *"* 30. Country: *"*

9. Name and Address of Current Registered Agent
*Miss Celeste Green
2893 S. Osceola Ave., E-7
Orlando, FL. 32806*

10. Name and Address of New Registered Agent
81 Name: *N/A*
82 Street Address (P.O. Box Number is Not Acceptable): *800002184868--E*
83: *-05/20/97--01047--010*
84 City: ******61.25 *****61.25 FL*

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *N/A*
Signature of principal or registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	<i>Secretary + D</i>	<input checked="" type="checkbox"/> DELETE
NAME	<i>Cindy Clarke</i>	
STREET ADDRESS	<i>7748 Pine Hollow Court</i>	
CITY-ST-ZIP	<i>Orlando, FL. 32822</i>	
TITLE	<i>President + Treasurer + D</i>	<input type="checkbox"/> DELETE
NAME	<i>Miss Celeste Green</i>	
STREET ADDRESS	<i>2893 S. Osceola Ave., E-7 (same as above)</i>	
CITY-ST-ZIP	<i>Orlando, FL. 32806</i>	
TITLE	<i>Director</i>	<input checked="" type="checkbox"/> DELETE
NAME	<i>Ms. Carleen Anderson</i>	<i>her title + address only</i>
STREET ADDRESS	<i>1817 S. Kirkman Rd. #1525</i>	
CITY-ST-ZIP	<i>Orlando, FL. 32811</i>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<i>President / T + D</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<i>Miss Celeste Green</i>	
1.3 STREET ADDRESS	<i>2893 S. Osceola Ave., E-7</i>	
1.4 CITY-ST-ZIP	<i>Orlando, FL. 32806</i>	
2.1 TITLE	<i>Secretary + D</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>Ms. Carleen Anderson</i>	<i>her title + address</i>
2.3 STREET ADDRESS	<i>2819 East Crystal Lake Dr.</i>	
2.4 CITY-ST-ZIP	<i>Orlando, FL. 32806</i>	
3.1 TITLE	<i>Director</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<i>Mr. Richard Moore</i>	
3.3 STREET ADDRESS	<i>487 New Hope Dr.</i>	
3.4 CITY-ST-ZIP	<i>Altamonte Springs, FL. 32714</i>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Celeste Green* *Celeste Green* *May 12, 1997* *(407) 843-4454*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

"THANK YOU VERY MUCH"

CR2E037 (9/96)